



ARIZONA HEALTH FACILITIES AUTHORITY

"Financing the Future of Healthcare in Arizona"

May 15, 2007

Dear Community Leader:

The Arizona Health Facilities Authority is pleased to announce the availability of funds through the St. Luke's Health Initiatives to assist local community health agencies and organizations in improving, maintaining and monitoring the health of the communities across the State of Arizona.

The Arizona Department of Health Services, Bureau of Health Systems Development as a collaborative partner with the Arizona Health Facilities Authority and St. Luke's Health Initiative will provide technical assistance to applicants in the design and development of the mini-grant application and project materials.

The funds may be used for the following purposes:

- Local Primary Care Needs Assessment
- Community Primary Care Strategic Planning
- Community Primary Care Improvement
- Community Primary Care Identification of Alternatives and Resources
- Community Program Planning, Implementation and Evaluation

The funds will be awarded as mini-grants to applicants that meet the intent of the grant guidance. The amount will be based on the proposed activity and may range from \$5000 to \$10,000. The **deadline for submission of a complete application is July 30, 2007**. Representation of rural areas, Native-American tribes and organizations, and smaller organizations in the process of initiating services for vulnerable and medically underserved populations will be a strong consideration in the selection of the grantees.

A pre application conference call will be available on Monday, June 25, 2007 from 1-2pm. Call in number is: 602-542-9006. Please contact Colleen McGregor or Kim Russell with the Community Development Programs, at the Bureau of Health Systems Development at 602-542-1219 for more information or technical assistance with the mini-grant funding opportunity.

Sincerely,

Blaine Bandi
Executive Director
Arizona Health Facilities Authority

Primary Care Mini-Grants 2007 Grant Guidance

Background

The Arizona Health Facilities Authority (AzHFA) is the preeminent provider of tax-exempt financing for nonprofit health care institutions and providers in Arizona. The Authority was established by the Arizona legislature in 1977 to issue bonds for the purpose of improving health care for residents of the State of Arizona by providing less expensive financing for healthcare facilities. The St. Luke's Health Initiatives (SLHI) in partnership with the AzHFA will provide the funding for the Primary Care Mini-Grants.

The Bureau of Health Systems Development (BHSD) at the Arizona Department of Health Services (ADHS) was established in 1995 and is the Primary Care Office for the State of Arizona. The BHSD administers the Primary Care Programs and provides a complementary focus on improving access to primary health care through workforce recruitment, retention programs and the designation of medically underserved areas. The principal focus is to improve access to primary health care, particularly among vulnerable and underserved populations. The Community Development programs within BHSD in partnership with the AzHFA and SLHI will provide the technical assistance for the Primary Care Mini-Grants.

Guidelines

The Arizona Health Facilities Authority is pleased to announce the availability of funds to assist community health agencies and organizations in improving, maintaining and monitoring the health of the communities across the State of Arizona.

Funding Categories:

The funds may be used for the following purposes:

- *Local Primary Care Needs Assessment*- The funding may be utilized by a community to assess and identify areas of need. This may include gathering of data through surveys, focus groups or interviews of key informants and stakeholders. Efforts can be directed towards measuring the level of awareness and knowledge or assessing the beliefs and attitudes regarding the prevention, treatment and access to health care for diseases processes at a community level.
- *Community Primary Care Strategic Planning* – If needs have been previously identified, a process of strategic planning may be initiated.
- *Community Primary Care Improvement* – The funding may be utilized towards the improvement of existing primary health care systems in medically underserved areas and vulnerable populations.

- *Community Primary Care Identification of Alternatives and Resources* – Assessment of community assets and generation of alternatives to address the primary health care needs of the community.
- *Community Program Planning, Implementation and Evaluation*- The funding may be utilized by a community to design, plan, test, implement, monitor and evaluate community health programs that focus on disease prevention and enable the communities to access primary health care.

Award Amounts:

The funds will be awarded as mini-grants to applicants that meet the intention of the grant guidance. Total amount of funds is \$50,000. The funds will be split at 50 percent (50%) allocation to rural and other medically underserved communities and 50 percent (50%) allocation to Native American communities. The amounts will be based on the proposed activity and may range from \$5000 to \$10,000.

Due date:

Applications will be due 2 months from the announcement of the mini-grants. The due date for submission of a complete application is Monday, July 30, 2007. Successful candidates will be notified by August 20, 2007 and funds will be made available on September 3, 2007.

Budget Period:

September 3, 2007 – June30, 2008. Projects must be completed by June 30, 2008 and a final report submitted by **July 31, 2008**.

Eligible Applicants:

- Indian Health Services
- County Health Departments
- Native American Tribes and Tribal Organizations
- Non-Profit Organizations
- Community-based organization or coalition with a health focus

Funding Exclusions:

The funds shall not be used for:

- Supplementation of existing projects and associated projects cost
- Physical construction or renovation of a facility or space within a building
- Direct clinical services or purchase of direct services

Partnership and Proven Capacity: In the application, provide a brief history of collaboration with identified partners for this project. Provide a letter of support specifying the role and the level of commitment from each partnering agency.

Technical Assistance

In addition to making the awards available to the selected applicants, the Arizona Department of Health Services Office of Health Systems Development has agreed to partner with AZHFA to provide technical assistance in the following areas.

1. Development of needs assessment tools
2. Strategic Planning
3. Program Design
4. Identification of Resources
5. Program Implementation
6. Program Evaluation

Resource Toolkit:

In developing this Application, Applicant(s)/communities are invited to consult the following website for additional community planning resources:

1. St. Luke's Health Initiatives: *Community Development Tools* at http://www.slhi.org/development_tools/index.shtml
2. The Community Tool Box: *Bringing Solutions to Light* at <http://ctb.ku.edu/>

Pre Application Teleconference Call:

A Pre Application Teleconference call will be made available on **Monday, June 25, 2007 from 1-2pm. Call in number is: 602-542-9006.**

On-site visits:

At least one on site visit will be conducted to selected applicants. The purpose of the visit is to help aid mini grant project success by identifying and providing technical assistance to facilitate project completion.

Technical Assistance Contacts:

Colleen McGregor, Community Development Manager
Phone: 602-542-2904
Email: Mcgregc@azdhs.gov

Kim Russell, Native American Community Development Manager
Phone: 602-542-1292
Email: Russelk@azdhs.gov

Application and Review Process

1. Complete the application form by answering all the questions and providing relevant attachments and appendices.
2. Use a separate sheet when responding to the section titled "Project Information"
3. Submit the completed application either electronically or by mail no later than close of business on **July 30, 2007**.
4. The application and supporting documents should be mailed to:

Arizona Health Facilities Authority
Re: Primary Care Mini Grant Program
11024 North 28th Drive, Suite 200
Phoenix, Arizona 85029

5. Any questions and concerns prior to the submission of the application can be addressed to:

Bureau of Health Systems Development, ADHS
Re: Primary Care Mini Grant Program
Colleen McGregor or Kim Russell
1 740 W. Adams Street, Suite 410
Phoenix, AZ. 85007
(602) 542-1219 or fax: (602) 542-2011

Review Criteria:

Applications that meet the intent and requirements of the guidance will be reviewed for funding consideration. Representation of rural areas, Native-American tribes and organizations, and smaller organizations in the process of initiating services for vulnerable and medically underserved populations will be a strong consideration in the selection of the grantees.

There are no "weights" or other measures applied to these criteria, other than "yes" and "no". The applications must meet **each** of the following criteria:

1. The effort to be funded must be focused on optimizing the health of Arizona residents by developing and strengthening systems and services to expand access to primary care and other services with emphasis on the health needs of underserved people and areas.
2. The organization seeking the funding meets the criteria for eligibility:
 - a) Is one of the eligible agencies or organizations listed above OR
 - b) Is a non-profit organization (enclose documents for the proof of non-profit status with the application)
3. The application materials are complete
4. The need for the project is clearly identified and supported by data
5. The effort to be funded can be replicated or can serve as a model for similar work in another community or area of the state.
6. The objectives are clearly stated, measurable, appropriate and feasible

7. The role of the community coalition/partnership/advisory group is well defined and appropriate
8. The staffing to conduct the project is adequate and qualified
9. The target population to be served is clearly defined
10. The budget is clear, complete, and appropriate and falls within the scope of the funding available.

Determination of Awards:

An Application Review Committee will review the applications and will make their recommendations of potential selected grantees to the Arizona Health Facilities Authority. Selected applicants will be notified by the Bureau of Health Systems Development by **August 20, 2007**.

Award Distribution and Reporting Requirements

Distribution of Funds:

Grant recipients will be notified by August 20, 2007. The funding will be provided in two phases. The first phase will make the grant recipient eligible for a seventy-five percent (75%) payment at the beginning of the project. The second phase will provide the remaining twenty-five percent (25%) upon the completion of the project.

Progress Report:

By January 1, 2008, grant recipients will be responsible for submitting a Progress Report. The report will include all the processes undertaken under planning, implementation, monitoring and evaluation of the project. The evaluation should measure the performance, processes and outcomes. It should describe the challenges and hardships that need to be overcome for the successful implementation of the project.

Final Report:

By July 31, 2008, the grantees shall submit a final report describing the project including planning, implementation, monitoring and evaluation of outcomes. The report should highlight the challenges and hardships faced during the implementation of the project and include evaluative statements and recommendations for others who might wish to undertake a similar effort. The Final Report shall most importantly include a detailed Financial Summary indicating the utilization of the award amount towards the expenditures incurred.

2007 Primary Care Mini-Grants Application

Select Funding Category: (please select only one)

- ☐ Local Primary Care Needs Assessment
- ☐ Community Primary Care Strategic Planning
- ☐ Community Primary Care Improvement
- ☐ Community Primary Care Identification of Alternatives and Resources
- ☐ Community Program Planning, Implementation and Evaluation

Organization Information

Name of organization

Address

City, State, Zip

Phone

Fax

Email

Name of contact person

Contact person's title

Please check the one that best represents your organization:

- ☐ Indian Health Services
- ☐ County Health Department
- ☐ Native American Tribe
- ☐ Non-Profit Organization (please include non-profit status documentation)
- ☐ Community-based health organization or coalition with a health focus
- ☐ Other health care organization (please specify)_____

Mission Statement of the organization:

Project Information

The description of the proposed project should be included on a separate sheet, not to exceed 10 pages and should contain the following information:

Name of the Project :

A. Project Description:

Please describe briefly the project you are proposing and the need for such a program in your community.

B. Goals and Objectives:

Please state the project goal(s) and corresponding objectives. Please follow the SMART guidelines while listing the objectives. The objectives should be **S**pecific, **M**easurable, **A**chievable, **R**ealistic and include a **T**imeframe.

C. Geographic Area served:

Please describe the geographic area to be covered by the project.

D. Target Population

Please describe the characteristics of the target population of the project e.g. specific age-groups, socioeconomic status, race/ethnicity, etc.

E. Project Timeframe:

Please provide a timeline for the project.

F. Partnership or coalition Relationship

Please describe the relationship in which you are/will be working to implement the project to be funded. Include information on how the project will be planned, designed, implemented, monitored and evaluated. Include names, responsibilities and roles of partnering groups.

G. Staffing

Please describe how this project will be staffed. Include the organization chart and job responsibilities.

Budget Information

Guidelines:

1. Provide a simple budget. Information is needed only for the project for which you are requesting funding, not for the organization as a whole. A format of the budget is on the next page.
2. **Please note:**
 - Use of in-kind contributions is encouraged
 - Funds may be used for personnel costs
 - Funds shall **not** be used to pay for direct clinical services, or for physical construction or renovation of a facility or space within a building.
3. Use the following format if possible, leaving the categories that are not applicable blank. If this format is not suitable, please attach a one-page budget to this application.
4. The **Income** section should include all the funds that are available for the project.
5. You can also attach a budget narrative explaining the items if necessary.

Proposal Checklist

- ☐ Completed Application
- ☐ Documentation verifying not-for-profit status (if applicable)
- ☐ One (1) letter of support from one of your identified coalition members or partners demonstrating a commitment to participate in your proposed project
- ☐ Please submit required documentation for each mini-grant category
 - Local Primary Care needs Assessment – no additional documentation
 - Community Primary Care Strategic Planning – completed Needs Assessment
 - Community Primary Care Improvement Project – completed Strategic Plan
- ☐ Attachment A: Budget
- ☐ Attachment B: Certification Statement

Application prepared by: _____

Signature: _____ Date: _____

Contact Information: _____

ATTACHMENT: A

**Primary Care Mini-Grants 2007
Budget**

INCOME

Support

<u>Source</u>	<u>Amount</u>
Government grants	\$
Foundations	\$
Corporations	\$
United Way or other campaigns	\$
Individual contributions	\$
Fundraising events and products	\$
Membership Income	\$
In-kind support	\$
Investment income	\$

Revenue

Government contracts	\$
Earned Income	\$
Others (please specify)	\$
	\$
	\$
	\$
	\$
	\$
Total Income	\$
	\$

EXPENSES

Item

Amount

Personnel	\$
Supplies:	\$
A. Office	\$
B. Other	\$
In-state travel (0.375/mile)	\$
Postage	\$
Printing/Photocopying	\$
Rent	\$
Supervision & attendance at meetings	\$
Partners' and Staff Time	\$
Administration time	\$
Total Expense	\$

ATTACHMENT: B

**Primary Care Mini-Grants 2007
Certification Statement**

The _____
(Name of Organization)

is submitting this Primary Care Mini-Grant Application for funding from the St. Luke's Health Initiatives/ Arizona Health Facilities Authority (AzHFA).

As the _____'s
(Name of Organization)

contact person, my signature below certifies that all of the information provided in this application is accurate to the best of my knowledge. If funded, we agree to comply with the requirements of the Primary Care Mini-Grants Program as described in the Guidelines. We also agree to provide the reporting and financial summary of this award:

1. By _____, (5 months after the commencement of the project) submit a Progress Report to the Office of Health Systems Development, Arizona Department of Health Services. The Progress Report will indicate the planning, implementation, and objectives achieved in this time period. It will also include a Financial Summary describing the utilization of the award amount.
2. By _____, (completion of the project) submit a Final Report to the Office of Health Systems Development, Arizona Department of Health Services. The Final Report will indicate the planning, implementation, and objectives achieved. It will also include a Financial Summary describing the utilization of the award amount.
3. We are aware that seventy-five percent (75%) of the award will be distributed near the beginning of the project period and the remainder, twenty-five percent (25%), will be distributed at the end of the project period upon submission of the Award Acknowledgement document and the Final Project Report.

Signed: _____

Date: _____

Typed Name: _____

Title: _____

Organization: _____